

Nutrition/Health Volume
Certification Section

**Guidelines for Annual Certifications and Mid-Certification Assessment (MCA)
Data Collection and Risk Factor Assignment (2.02800)**

ER# 2.02800

Authority 2011 7CFR 246.2, 246.7(e)(1)(g), 246.7(e)(2)(ii); 246.11(e)(3); WIC PM 98-9, Revision 3; WC-00-24-P, Revision 4; WC-01-18-P, Revision 5; MPSF: WIC-02-22-P, Revision 6 corrections; WIC PM 98-9, Risk Revision 8, FMNP:WC-05-22-P; WIC Policy Memorandum 98-9 Revision 9; MPSF:WC-07-25-P; MPSF:WC-92:10

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POLICY Each applicant must have a medical and nutritional assessment to determine eligibility as required by federal guidelines and the Missouri WIC Program. Determination of risk must be based on anthropometric and hematological data, nutrition assessment, oral assessment, screening for immunizations, and medical history all of which shall be documented in the Missouri WIC Information Network System (MOWINS). These assessments/screenings provides the guidance to personalize nutrition education, referrals, and food package tailoring for WIC participants. Infants, children and breastfeeding women certified for longer than 6 months must have a Mid-Certification Assessment (MCA) to maintain quality nutrition services. A MCA must include anthropometric measurements, blood work (as needed), immunization screening and a nutrition assessment (including oral assessment) to ensure that health and nutrition services are not diminished.

PROCEDURES

A. Required Elements of Certifications and Mid-Certification Assessments

Table for Certification and Mid Certification Assessment (MCA)

	Certification				MCA		
Data Collection/ Assessed	Infant	Woman and Child	Hospital Infant	Hospital Post-Partum Woman	Infant	Child 1 – 5 yrs old	Breastfeeding Woman (≥ 6 mos)
Anthropometric Measurements	X	X	X		X	X	X
Blood Work		X			Infant Blood Work is done at 9-11 months	X	If she was on the program as an N or B during the first six months no blood work is required

	Certification				MCA		
Data Collection/ Assessed	Infant	Woman and Child	Hospital Infant	Hospital Post-Partum Woman	Infant	Child 1 – 5 yrs old	Breastfeeding Woman (\geq 6 mos)
Nutrition Assessment	X	X	X	X	X	X	X
Oral Assessment	X	X			X	X	X
Immunization Screening	X	X (children only)	x		X	X	
Initial Nutrition Education	X	X	X	X			
Category/Age Appropriate Nutrition Education	X*	X*			X*	X*	X*
Referrals	X**	X**	X**	X**	X**	X**	X**

*Refer to [ER# 2.06400](#) for more information on nutrition education requirements

** Refer to [ER#1.01800](#) for more information on referrals.

B. Obtaining Data

1. At certification and MCA the following information must be obtained.
 - a. Anthropometric data collected within the WIC agency or provided by referral.
 - i. Anthropometric data includes height/length, and weight. The data must have been collected within 60 days prior to the date of certification or MCA and must reflect current health and categorical status. Although data may be up to 60 days old, such data may not be appropriate for pregnant women, or infants and children during critical periods of growth.
 - ii. The local WIC provider (LWP) must acquire and maintain accurate health assessment equipment (scales and measurement boards).
 - a.) Refer to Health and Nutrition Assessment Handbook for minimum criteria and maintenance guidelines for weighing and measuring equipment.
 - iii. For Labor Delivery Recovery Postpartum (LDRP) hospital certifications refer to [Section E](#).

- b. Hematological data collected within the WIC agency or provided by referral.
 - i. Hematological data includes a hemoglobin or a hematocrit. The blood work data may be deferred for up to 90 days after the date of certification or MCA if the participant has another qualifying risk factor.
 - a.) An applicant or applicant's parent or guardian who refuses to have a blood test done or provide referral data will not be eligible for WIC benefits. The local WIC provider should emphasize the importance of blood work and encourage the applicant, parent or guardian to have the test completed.
 - ii. The reason for the delayed blood work (other than the 4-6 week postpartum delay) must be documented in MOWINS and the participant kept on a monthly cycle until the data has been collected.
 - iii. For all categories, the data must have been collected while in the same status as that of the certification or MCA for the WIC Program as explained below.
 - a) All infants shall have hematological data collected between 9 months of age and prior to their first birthday. One blood test taken at or before 12 months cannot fulfill the requirement for both the infant and the 1-2 year old child screening.
 - b) All children must have hematological data collected according to the following guidelines.
 - 1) For children between 12 months of age and prior to their second birthday, blood work must be taken at least once - recommended at 15-18 months of age, ideally 6 months after the infant blood work. If the infant blood work at 9-11 months of age is below recommended levels, it is suggested that blood work be taken again at 15 months of age.
 - 2) Blood work data is required for the 2-year old certification or MCA visit (minimum 22 months of age). For children 24-60 months of age, blood work must be taken at least once every 12 months.
 - 3) For children 24 to 60 months of age, blood work must be rechecked at the next certification or MCA visit if Risk Factor 201 was assigned.
 - c) For all postpartum women (B and N), the blood work shall be taken between 4 and 6 weeks postpartum. If they are certified later than 4 to 6 weeks postpartum, blood work

shall be taken at the time of certification.

- d) For breastfeeding women, no additional blood test is necessary at MCA, as long as she was on the program as an N or B during first six months. If no other risk factor exists, including Risk Factor 501, a follow-up blood test is an allowable WIC cost to determine if the low hemoglobin/low hematocrit risk factor still applies.
- e) For prenatal women blood work shall be taken at certification.
- iv. The following are exempted from blood work:
 - a) An applicant whose religious belief won't allow him/her to have blood drawn.
 - b) An applicant who has a documented medical condition e.g. hemophilia, fragile bones (osteogenesis imperfecta) a serious skin disease, leukemia, or thalassemia in which the procedure for collecting blood could cause harm to the applicant.
- v. The appropriate exemption must be documented in the MOWINS HT/WT/Blood tab. In addition, documentation from a physician of the medical condition must be documented in MOWINS.
- vi. The local WIC provider (LWP) must acquire and maintain accurate hematological equipment. Refer to Health and Nutrition Assessment Handbook for minimum criteria and maintenance guidelines for hematological equipment.
- c. A nutrition assessment (refer to [ER# 2.04550](#)) including the oral assessment (Refer to [ER# 2.03900](#))
 - i. At certification the initial and follow-up questions shall be completed for all program categories.
 - a) Initial nutrition assessment questions shall be completed on the day eligibility was determined.
 - b) Follow-up nutrition assessment questions shall be completed by the CPA within 60 days for non-high risk participants or 30 days by nutritionist for high-risk participants or sooner as needed.
 - ii. Mid-certification nutrition assessment for infants, children and breastfeeding (fully and breastfeeding \leq max) women shall be accomplished by:
 - a) completing the initial nutrition assessment questions and follow-up nutrition questions or
 - b) completing the initial nutrition assessment questions and

- mid-certification nutrition questions or
- c) completing the mid-certification nutrition assessment questions.

Table for Mid Certification Assessment (MCA) Nutrition Assessment

	Certification				MCA		
	Initial Questions	Follow Up Questions			Initial Questions	Follow Up Questions	MCA Questions
WIC Certifier	X				X		
CPA or Nutritionist	X	X			X	X	X

2. For breastfeeding woman category change to a non-breastfeeding woman during a current certification.
 - a. Prior to changing a breastfeeding woman to non-breastfeeding woman category, refer the WIC participant to a CPA for appropriate counseling.
 - b. The woman must have had at least one other risk factor besides risk factors 601 or 602 assigned during her breastfeeding certification in order for the agency to complete a breastfeeding to non-breastfeeding category change in MOWINS.
 - i. If no other risk factors were assigned (other than 601 or 602), the agency shall complete a non-breastfeeding certification by completing all requirements as indicated in procedure A.1.

3. Adolescent females who are pregnant or postpartum are considered prenatal or postpartum women for purposes of health assessment for WIC eligibility. Health assessment follows the same procedures as that for prenatal or postpartum women and includes obtaining data related to anthropometric, biochemical/hematological, medical history, nutrition assessment, and dental health screening. Refer to Procedure B.

C. Documenting

1. Anthropometric data, hematological data and medical history information must be documented in MOWINS for women, infants and children.
2. The nutrition assessment (Refer to [ER# 2.04550](#)) including the oral assessment (Refer to [ER# 2.03900](#)) must be documented for women, children and infants in the nutrition assessment tab in MOWINS.

D. Assessing and Assigning Risk Factors

1. Determination of risk at certification, MCA, or during a current certification

period must be based on:

- a. Anthropometric and/or hematological data, nutrition assessment, and oral assessment collected within the WIC agency or provided by referral.
2. For all applicants, the participant must be assessed for all Risk Factors and the individual must be found to have at least one of the WIC nutritional risk factors to qualify for the WIC Program.
 - a. Risks, which include the phrase, "as reported or documented by a physician, or someone working under physician's orders," require verification of diagnosis or condition. Acceptable documentation or verification of diagnosis from health care provider includes a note on a physician's prescription pad, referral form, medical record, other reliable record, or verbal confirmation from physician or someone working under physician's order. Risks which include the phrase, "diagnosed by a physician as self reported by applicant or participant/caregiver" require validation by the CPA. To validate self reported diagnoses, document whether the condition is being managed by a physician or health care provider, the name and contact information for that physician or health care provider (to allow communication and verification if necessary), whether it is being controlled by diet, special formula or medication, and what type of diet, special formula or medication has been prescribed.
 - b. Risk Factors identified anytime during the current certification periods **shall** be added to the participant's certification record as new risk factors, this may change the participant's priority and/or make them High-Risk.
3. Refer to specific risk factor(s) policies for detail information.
4. MOWINS will automatically determine priority for the certification/mid-recertification based on assigned risk factors.

E. Labor Delivery Recovery Postpartum (LDRP) (Hospital) Certifications

1. Certifications performed in the LDRP (hospital) setting must be performed in compliance with all current WIC policies. Only a CPA or Nutritionist shall perform the certification.
2. Participants must be placed on a monthly cycle until they are seen in a non-LDRP WIC site.
3. If a woman's height and weight are not obtained by WIC staff at the time of certification, verbal information or postpartum data obtained from the hospital record may be used. The CPA or Nutritionist entering this information into MOWINS shall select "Hospital Certification" from the "Possible Incorrect Measurement Reason" drop-down menu on the Add Weight/Height screen of the Certification Guided Script.
4. The certifying agency shall set an alert and a general note for each participant certified or recertified in an LDRP setting. The alert and general note shall:
 - a. Identify the participant as having been certified in the LDRP and the

agency that performed the certification.

b. Indicate if nutrition assessment follow-up is needed

5. Women certified at the LDRP shall have height and weight taken at the first visit at a non-LDRP WIC site.
6. It is recommended the local agency obtain infant weight and length at the first visit at a non-LDRP WIC site if the infant is present.
7. The non-LDRP WIC site shall review the certification information to ensure that all components of the certification are completed.

F. Providing Appropriate Counseling (See Counseling Guides and the [Nutrition Training Manual](#) for suggested counseling and additional information. Refer to [ER# 2.06000](#) and [ER# 2.06400](#) for procedures and policies on nutrition education.

1. Counseling and education shall be provided by the CPA.
2. Document counseling contact in MOWINS.

G. Providing Referrals

1. Provide appropriate referral information and document in MOWINS ([Refer to ER# 1.01800](#)).